

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		12/08/99
O.I.P.E. CLASSIFIER		112	11/12/99
FORMALITY REVIEW		144-177	12-27-51
RESPONSE FORMALITY REVIEW		144-177	2-29-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/16/99
2	✓	✓	12/16/99
3	✓	✓	12/16/99
4	✓	✓	12/16/99
5	✓	✓	12/16/99
6	✓	✓	12/16/99
7	✓	✓	12/16/99
8	✓	✓	12/16/99
9	✓	✓	12/16/99
10	✓	✓	12/16/99
11	✓	✓	12/16/99
12	✓	✓	12/16/99
13	✓	✓	12/16/99
14	✓	✓	12/16/99
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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Best Available Copy